



Behavioral Health and Developmental Disabilities Administration

Fiscal Year 2018

**Presentation to Appropriations Subcommittee
on the Department of Health & Human Services**

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Our Guiding Principles

Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.



Behavioral Health & Developmental Disabilities Administration

Mission

Promoting Wellness

Strengthening Communities and Families

Facilitating Recovery

Supporting Independence & Self-Determination

Diminishing the impact and incidence of addiction, emotional disturbance, mental illness and developmental disability.

Service Statistics



- 46 Community Mental Health Services Programs
- 10 Prepaid Inpatient Health Plans
 - 236,291 people served by Community Mental Health Services Programs and Prepaid Inpatient Health Plans in 2015
- 5 state-operated hospitals and centers
- 8th Unit at Center for Forensic Psychiatry opened on January 5, 2017 (all 34 new beds already filled)
- 741 State Hospital census in house (February 1, 2017)
- 2,104 licensed psychiatric adult beds in the community; 260 for licensed child/adolescent psychiatric beds in the community
- A reported 72,386 persons received substance use disorder treatment and recovery services in FY16
- 42.6 percent of persons admitted to substance use disorder treatment, in FY16, also had a mental health issue
- In 2003, combined heroin and opioid admissions were less than one-sixth of all treatment admissions; in 2016, combined heroin and opioid admissions reached over two-fifths (45%) of all treatment admissions
- 17,607 persons received medication-assisted treatment during FY16, up from 5,875 during FY06
- 3,266 complaints received by MDHHS Office of Recipient Rights from state hospitals in FY16; 535 complaints were investigated and 2,179 interventions were completed
- 3,859 children diagnosed and eligible for Applied Behavioral Analysis Service (Autism)
- 31.0 percent increase in Certified Behavioral Analyst workforce (Autism) from FY16 to FY17
- \$8.7 million received from successful federal grant applications for substance use disorder prevention and recovery
- 1,234 women reported being pregnant at admission to substance use disorder treatment in FY16
- Michigan's reported drug-abstinence rate at treatment discharge exceeded the national average rate by over 3% in 2016
- The reported percentage of persons employed increased 21.4% during the course of substance use disorder treatment in FY16
- The reported percentage of persons homeless decreased 25.2% during the course of substance use disorder treatment in FY16
- Persons reporting a recent arrest decreased 20.8% during the course of substance use disorder treatment in FY16
- More than 248,000 persons attended substance abuse prevention programs in FY16
- 99.0 percent of discharges from a psychiatric inpatient unit are seen for Community Mental Health Services Program follow-up care within seven days
- 99.4 percent of mental health consumers received the initial face-to-face assessment with a professional within 14 days of request
- 41,529 total children with Serious Emotional Disturbance (SED) were served by the CMHSPs/PIHPs in FY15 according to the 404 report

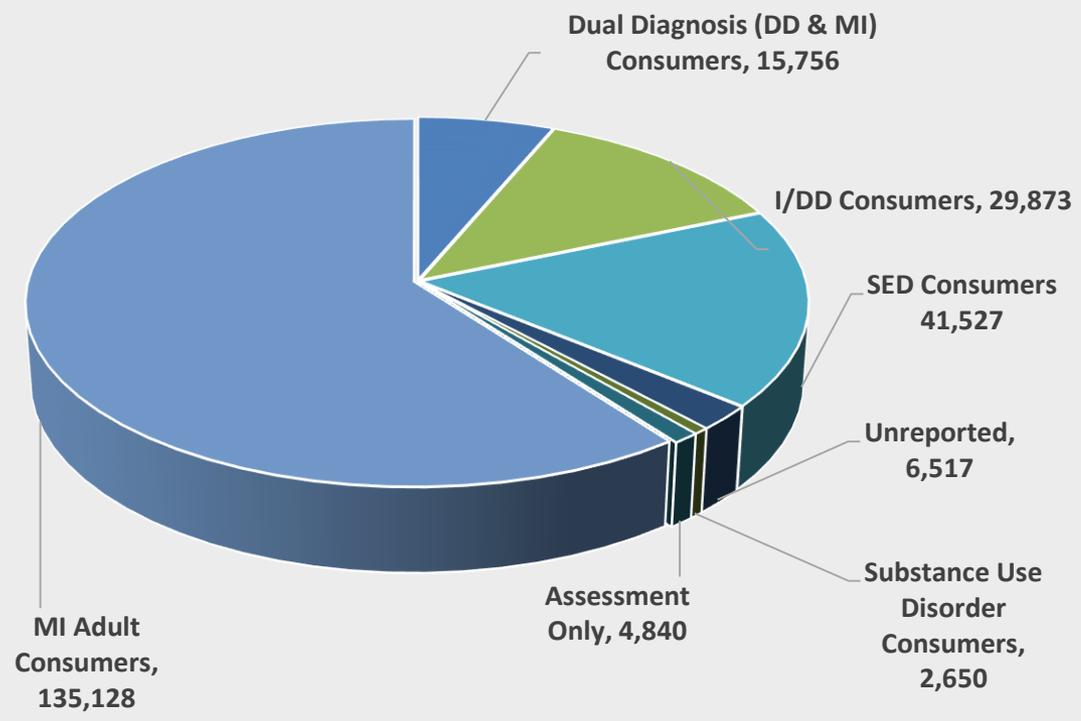


Community Based Services: Behavioral Health and Developmental Disabilities



Individuals Served by Michigan's Community Mental Health System (FY 2016)

236,291 Total CMH Consumers Served



MI=Mentally Ill
DD=Developmentally Disabled



Autism Services

Autism Applied Behavior Analysis (ABA) – Medicaid

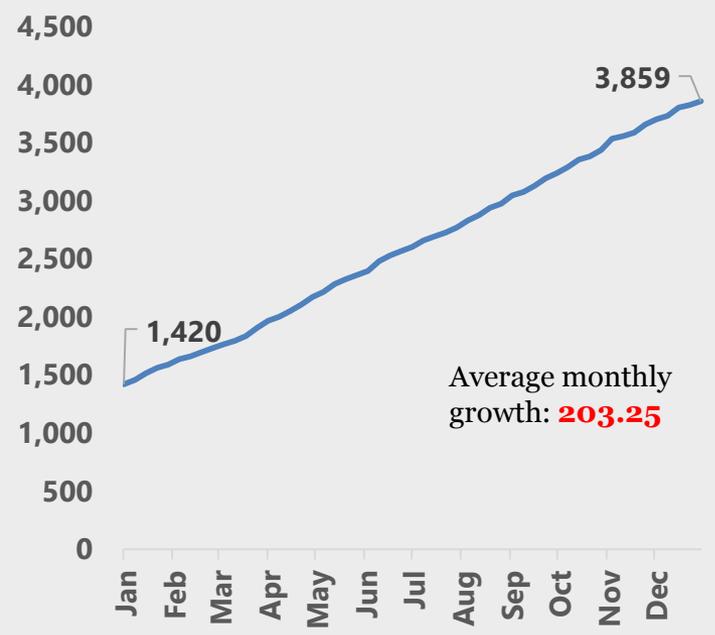
Increases in Youth Served

- 1 in 52 youth Medicaid beneficiaries with autism
- January 1, 2016 ABA policy expanded through age 20
 - 3,859 youth approved for ABA services
 - 55.8% of the youth receiving ABA were between 6-20 years
 - Growth of 170% (2,439 youth) in 2016

Increases in Workforce Capacity

- 485 Board Certified Behavioral Analysts (Dec., 2016)
 - Up from 370 in FY2016 (a 31% increase)

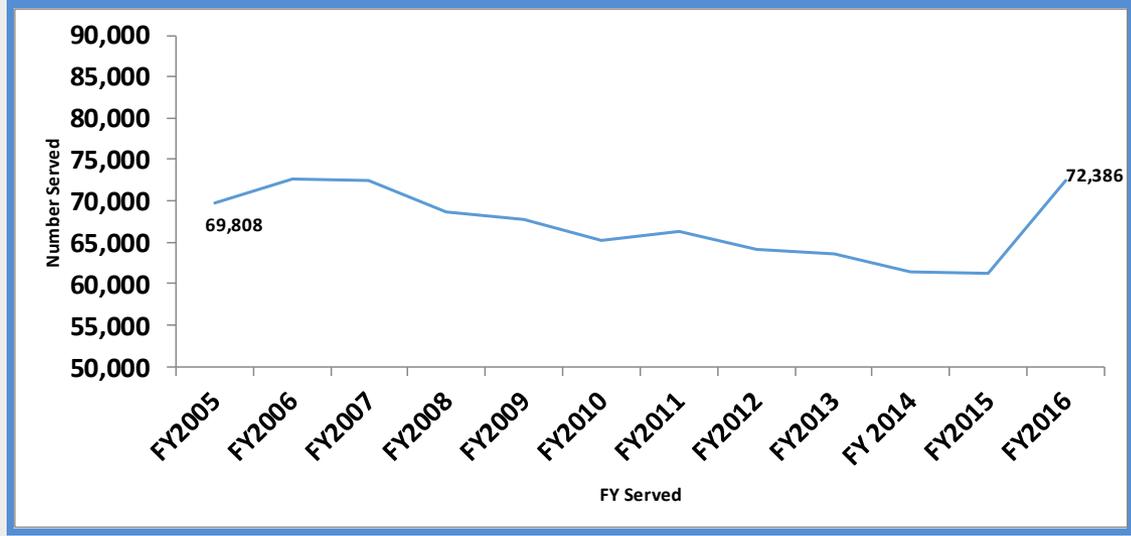
Enrollment Per Month in 2016





Individuals Served in Substance Use Disorder Treatment, Prevention, & Recovery Systems (FY 2005-FY 2016)

Treatment



Prevention

248,246 persons attended substance abuse prevention programs

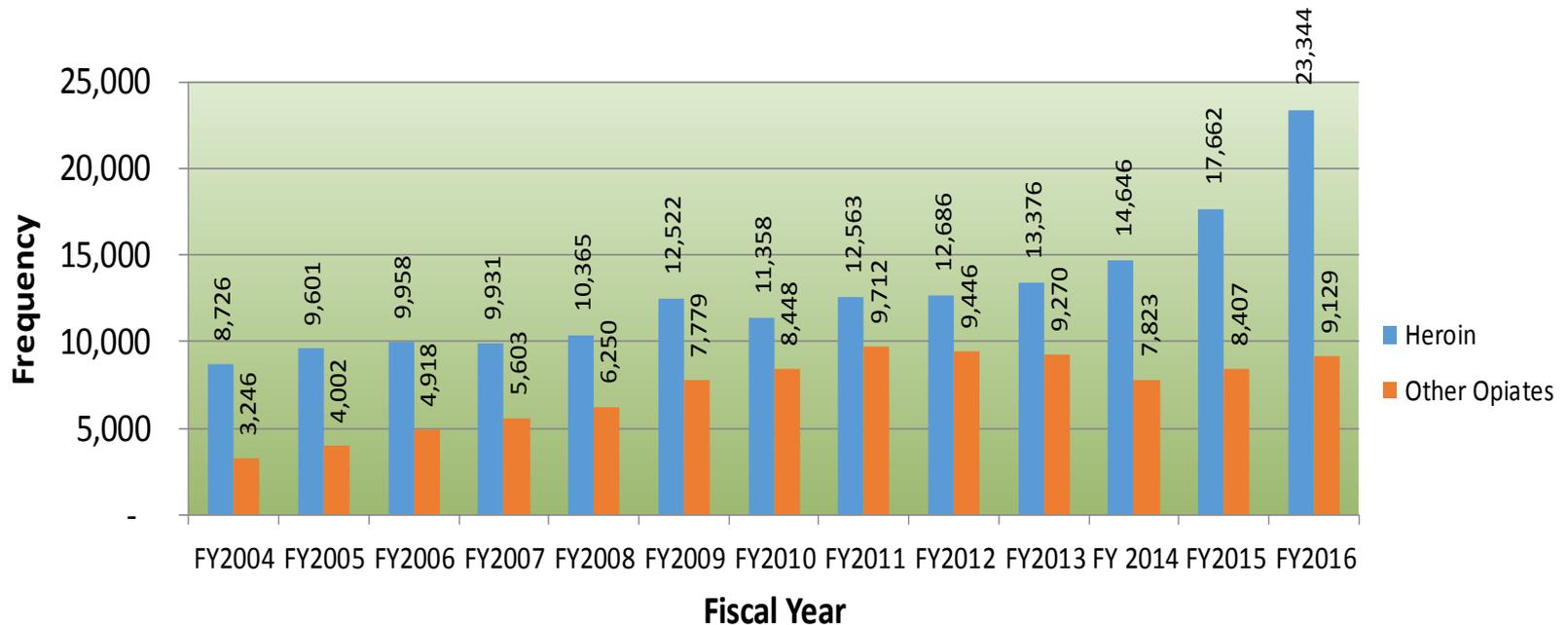
Recovery

9,123 persons received recovery support services



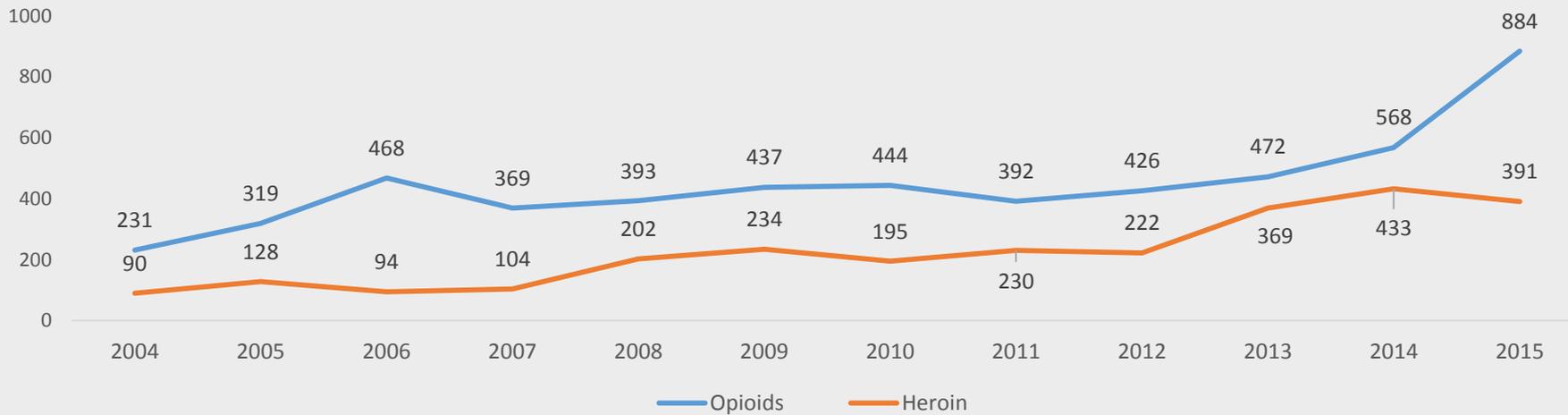
Trends: Substance Use Disorder Treatment, Prevention, & Recovery Systems – Opioid Addiction-Related Hospital Admissions

Heroin and Other Opiates as Primary Addiction-Related Treatment Need on Admission





Number of Drug Poisoning Deaths Per Year Related to Heroin or Opioids



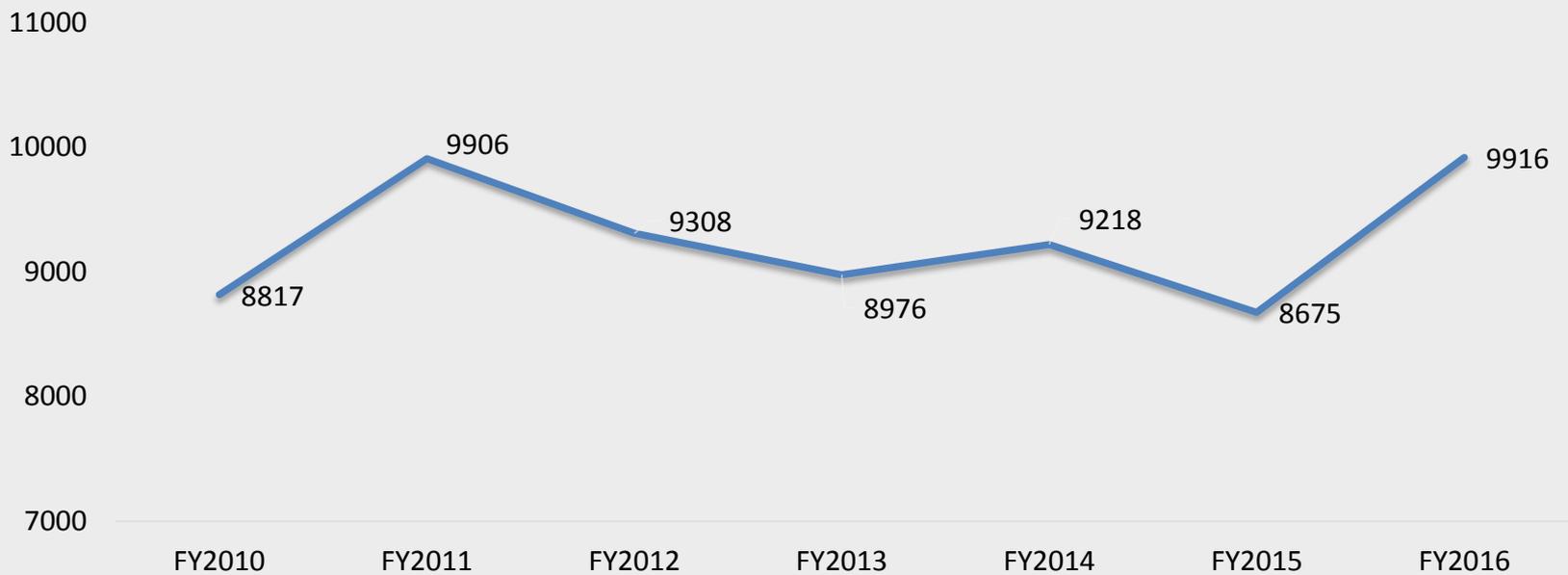
Source: Michigan Death Certificates, Division for Vital Records and Health Statistics/MDHHS

In 2015:

- 1,981 deaths reported due to drug overdose deaths, of them 78.6% were unintentional
- Of 1,981 overdose deaths, 44.6% involved opioids and 19.7% involved heroin



Primary Prescription Drug Treatment-Related Hospital Admissions



Source: FY2010 to 2016 TEDS treatment admission records, BHDDA/MDHHS

Prescription Drugs include: Antidepressants, Other Amphetamines, Benzodiazepines, Tranquilizers, Synthetic Sedatives, Barbiturates, and Synthetic Opiates.

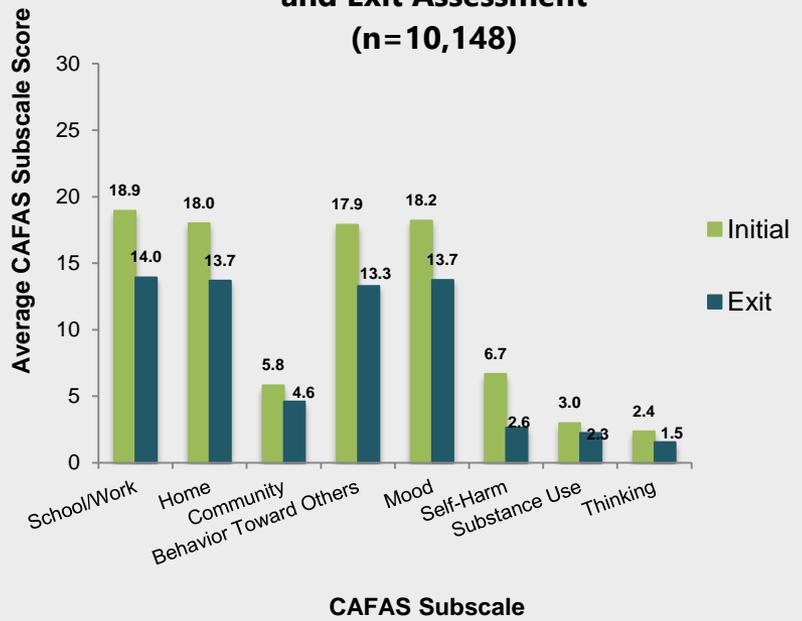


Mental Health Services to Children and Families

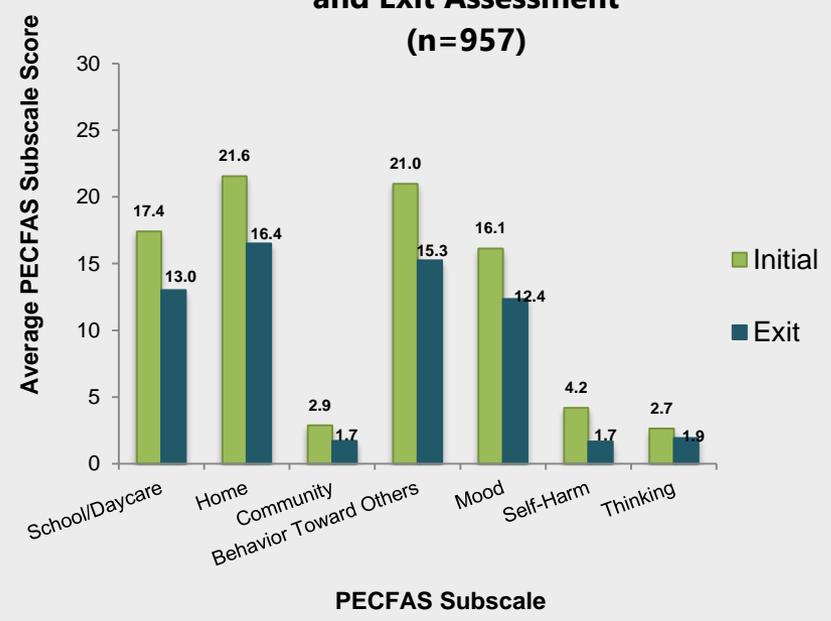


Changes in Functioning as Measured by the Child and Adolescent Functional Assessment Scale (CAFAS) and the Pediatric and Early Childhood Functional Assessment Scale (PECFAS)

Average CAFAS Subscale Scores: Initial and Exit Assessment (n=10,148)



Average PECFAS Subscale Scores: Initial and Exit Assessment (n=957)



- **Key Point: Children/Youth served in the CMHSP/PIHP system have significant clinical changes in functioning as measured by CAFAS/PECFAS (FY2016).** 13



Home Based and Wraparound Services

Home-Based Services Programs

- 74 enrolled programs
- A quarter of all children received home-based services
- Parent Management Training Oregon (PMTO)TM Intervention

Wraparound Services

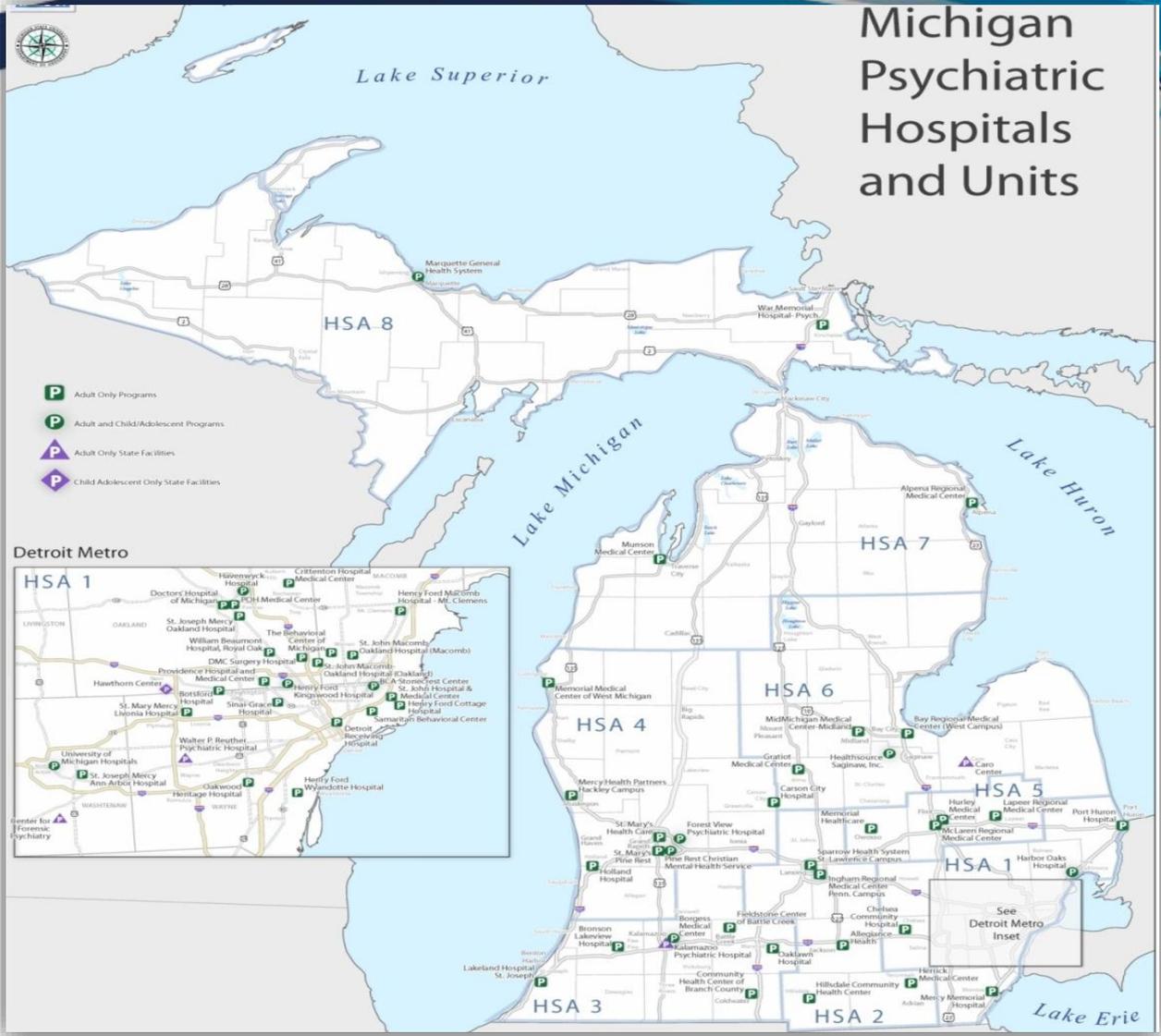
- Significant clinical improvement before and after service -FY 2016:
 - 77 percent improvement for children aged 0-6
 - 72 percent improvement for children aged 7-19



State Psychiatric Hospitals and Inpatient Units

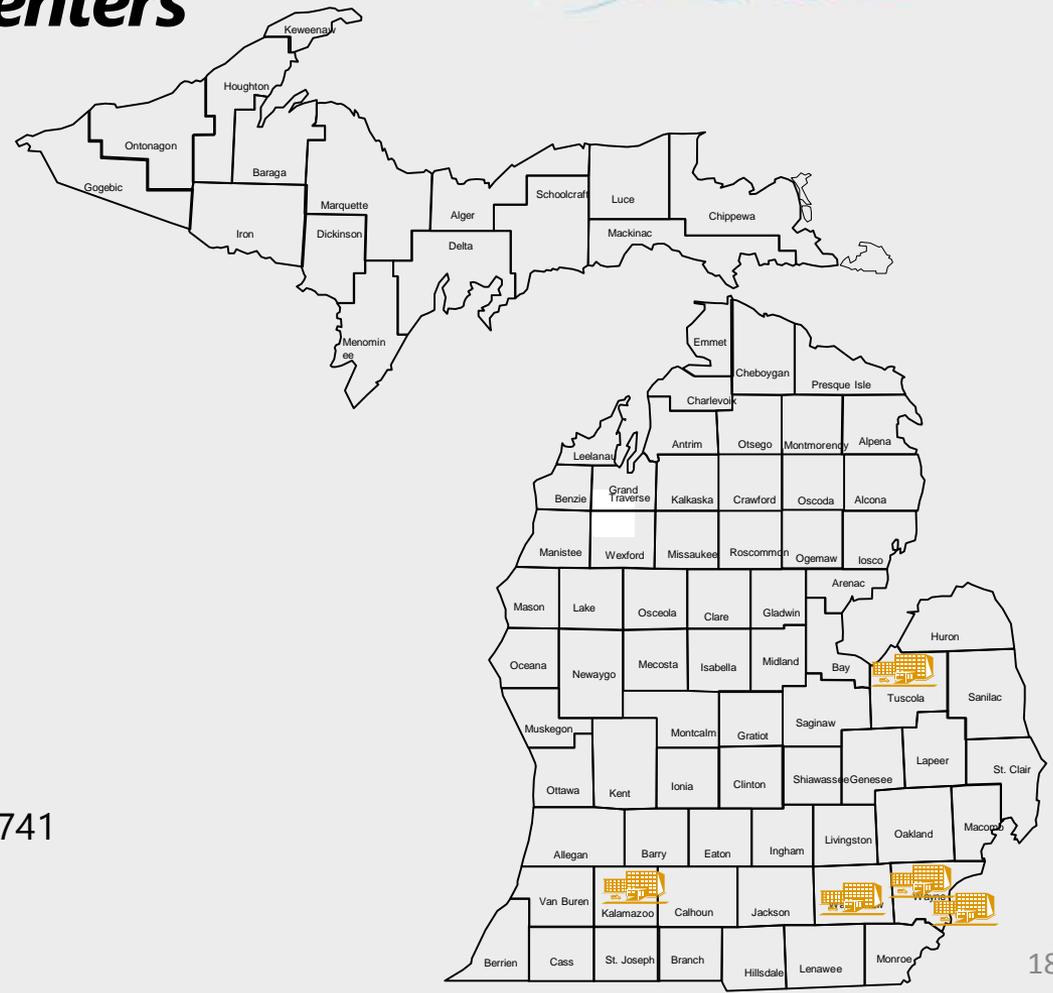


Michigan Psychiatric Hospitals and Units



- Total (Local) Inpatient Licensed Beds:**
- Adult: 2104 beds; 59 facilities
 - Child/Adolescent: 260 beds; 10 facilities
- State Hospital Beds:**
- Adult: 720 beds
 - Child/Adolescent: 50 beds

State Hospitals and Centers



Adult Hospitals:

- Caro (146)
- Reuther (170)
- Kalamazoo (137)

Forensic:

- Center for Forensic Psychiatry (238)

Children:

- Hawthorn (50)

In-house census as of February 1, 2017: 741



Update: FY 2017 Initiatives

- ***Action on Flint Recovery and Resilience***
- ***Direct Support Staff (Section 1009 Report)***
- ***Children's Trauma Initiative***
- ***Children's Behavioral Health Action Team***
- ***Hawthorn Center Transition Team***
- ***Autism Services***
- ***Governor's Mental Health Diversion Council***
- ***Prescription Drug and Opioid Abuse Task Force***
- ***Acute Inpatient Hospital Access***
- ***Other Notable Initiatives***



Action on Flint Recovery and Resilience

Resources and Results

- Medicaid expanded for vulnerable beneficiaries, including children and pregnant women affected by Flint Water System
 - Over 25,000 enrolled beneficiaries
 - 165 distinct open cases of family supports coordination
- 352 mental health support encounters in 2016 resulting from state water general fund dollars
- \$4.8 million in SAMHSA ReCAST grant to address trauma and build essential social supports
 - 92 community members and agencies received Trauma-informed Care Training in January, 2017
 - 68 community members and agencies participating in ReCAST implementation planning
- \$475,194 in SAMHSA Emergency Response Grant (SERG) funds for behavioral health and support services
 - Outreach workers have made 10,000 contacts to vulnerable families as of January, 2017
 - Creation of a Mobile Behavioral Health Unit
 - Development of Informational Resources for Affected Populations (DVD and website, www.myflintstrong.com)
 - Outreach staff support to 3 Help Centers
- Behavioral Health and Primary Care Integration
 - Collocated primary and behavioral health care sites
 - Training of primary care providers on behavioral health screening
- Headstart Expansion



Direct Support Staff Analysis

Section 1009 Report of 2016: http://www.michigan.gov/documents/mdhhs/Section_1009-3_530703_7.pdf

- The Michigan Legislature charged MDHHS to create a workgroup to evaluate recruitment and retention issues surrounding front-line direct support staff workers
- Main finding: the direct support staff workforce is unstable and employers are unable to recruit and retain qualified workers

Recommendations/Findings from Report:

Immediate Actions

- Increase direct support staff starting wages to at least \$2.00 per hour above the state's minimum wage
- Ensure that direct support staff earn paid leave time
- Annually collect and publish data on the direct support staff size, compensation, turnover rates and vacancies

Long Range Solutions

- Implement a promotional campaign to build public awareness and appreciation of people with disabilities and those who chose a career to support them
- Expand the existing MDHHS funded matching services registry for Home Help beneficiaries to include all Medicaid beneficiaries using self-determination
- Change Michigan's current laws and policies on criminal background checks to include a rehabilitation review similar to those authorized in 17 other states
- Provide tuition reimbursement or incentives to direct support workers who are actively studying for health care occupations
- Charter a workgroup to provide recommendations for a direct support staff training and credentialing program



Children's Trauma Initiative

Significant Trainings:

- Trauma screening
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) 44 of 46 CMHSPs
- Caregiver Education: National Child Traumatic Stress Network's curriculum

Outcomes Post TF-CBT:

- Improvement in functioning for children ages 3 to 18 after TF-CBT services
- Reduction in Post Traumatic Stress Disorder (PTSD) symptoms-ages 3 to 18



Children's Behavioral Action Team

Children's Behavioral Action Team Outcome Data as of January 30, 2017:

- 29 children/youth, representing 16 counties
- 16 yet to be discharged from Hawthorn
- 13 youth have been discharged
- Status post discharge of 13: 10 (77%) remain in community
- 2 (15%) in community based residential placements. Work continues to further transition family-like setting
- 1 (8%) in juvenile detention
- 73% of children discharged have not returned to inpatient care
- 16 psychiatric readmissions for 8 children/youth since March 2015, with 4 successful transitions back to the community
- As of January 30, 2017, a total of 44 children/youth have received CBAT services
- **Psychiatric hospital re-admission days reduced 65-70%**



Hawthorn Center Transition Program

Program Facts:

- Administered by MDHHS through Hawthorn Center
- Mission: prepare Hawthorn Center adolescent youth for successful and sustained return home/school
- Opened September 14, 2016
- Target population: severe emotional/behavioral disturbance with significant needs
- Beds for 12 adolescent youth; 6 male and 6 female
- Average length of stay: 3-6 months

Program Services:

- Formal life skills, pre-vocational assessment, and training
- Development of a Transition Plan with identified needs and interventions
- Voluntary participation in a paid jobs program
- Regular off grounds trips to strengthen social skills and leisure time planning



Autism Services: 2017 Initiatives

Autism Applied Behavior Analysis Workforce Capacity (Medicaid and Other Payers)

Board Certified Behavior Analysts:

- 485 in Michigan as of December 31, 2016
- 31% increase from 2015 (370) and 95% increase since 2014 (248)
- Michigan is listed 11th in United States with ABA Providers

University Applied Behavior Analysis Degree Programs:

- Two (2) universities with degree programs in 2012 and ten (10) in 2016-17

Other Successes:

- New and expanded ABA degree program cohorts
- Four (4) Board Certified Assistant Behavior Degree Programs (bachelor level)
- Five (5) new ABA clinics and one (1) expanded ABA clinic
- Three (3) new Approved Autism Evaluation Centers
- Three (3) new ABA employment skills training programs
- Two medical and health care provider curriculums/trainings on screening, diagnostics and treating children with ASD



Autism Services: 2017 Initiatives

Statewide Autism Safety and Autism Family Supports and Services

Autism Alliance of Michigan

- **Autism Safety Training:** target first responders to increase awareness of autism characteristics
 - 16,000 individuals have received training over the last 5 years
 - 3,768 individuals trained in FY2016
- **MiNavigator Program:**
 - online tools and resources
 - call center with specialists to support and guide families
 - assisted over 1,000 families in 2016



2015-2017 Diversion Council Pilots

Findings:

- Before pilots: no uniform mechanism for measuring mental health need (across jails/state)
- Pilots: utilized consistent screening process across the pilot sites
- **On average, 22% of those entering these 8 sites have symptoms indicative of a serious MH problem; however there is variability across counties that ranges from a low of 15% to a high of 38%.** These numbers allow us to establish a bench mark for future measurement of increasing or decreasing need within the jail.

Community Diversion Pilots:

- Barry County - Crisis Intervention Training (CIT), jail screening and treatment groups, juvenile pre-adjudication program (cont.)
- Berrien County - CIT, in-jail services and staffing, boundary spanner, increased housing supports (cont.)
- Detroit Central City – In-jail services, Forensic Assertive Community Treatment (ACT) team, housing (cont.)
- Kalamazoo County - CIT, CIT-Youth, longer term housing, juvenile assessment, court/juvenile liaison (cont.)
- Kent County – In-jail services/pre release services, diversion/crisis facility (cont.)
- Livingston County - CIT, in-jail services (new 2 yr. grant)
- Marquette County - CIT, Moral Recognition Therapy (MRT), in-jail assessments and screening, full CIT training/CIT coordinator (cont.)
- Monroe County – In-jail services and pre-release services, post-release jail diversion case manager (cont.)
- Oakland County - CIT, CIT-Youth, in-jail staffing, juvenile justice diversion coordinator, supported transition into rapid re-housing (STIRR) (cont./new 2 yr. grant)
- St. Joseph County – On-site diversion center, CIT, boundary spanner (cont.)
- Southwest Community Court – Post-booking services through court (cont.)



2015-2017 Diversion Council Focus Evaluation and Juvenile Justice Competency Focus

Evaluation Focus

- MDHHS/BHDDA is partnering with Michigan State University to conduct an evaluation of the Diversion Council Pilots, specifically with regards to the following:
- First Year Process Tracking:
 - First year progress including numbers of those admitted to the jail with a MH problem, those served by diversion, those trained in CIT, and interviews with stakeholders
- First Outcomes to be tracked:
 - Assessment of jail recidivism of those provided diversion services
 - Assessment of Crisis Intervention Training (CIT) activities; community service utilization
- Second level of Outcomes to be tracked:
 - Recidivism after 1 year
 - Treatment engagement in the community

Strengthened Juvenile Justice Focus

- Resources being devoted to establishing a curriculum and training for juvenile forensic mental health examiners and restoration providers, including:
 - Development of trainings and web-based materials
 - Record-keeping system of youth unable to be restored due to SED with court-ordered mental health services



Prescription Drug and Opioid Abuse Task Force Recommendations – MDHHS Action Items

Prevention

- Increase prescription drop-off bins
- Improve prescription monitoring program

Treatment

- Increase access to Naloxone
- Increase access to care
- Increase the number of addiction specialists
- Develop best practices for reducing neo-natal abstinence syndrome

Policy and Outcomes

- Create ongoing Task Force
- Create a State Dashboard to measure outcomes

MDHHS partnering with other state agencies for addressing recommendations around **regulation** and **enforcement**



Acute Inpatient Hospital Access Initiatives

Psychiatric Inpatient Admission Denial Project

- In February 2015, BHDDA, the Certificate of Need (CON) Commission, and Mid-State Health Network (MSHN) collaborated to pilot a collection of psychiatric inpatient denial data in the MSHN region (24 counties/12 CMHSPs)
 - Pilot dates: March 1, 2016 through September 30, 2016
 - Overarching goal: reduce the number inpatient bed denials
- From March 1, 2016 through February 2, 2017, there were 21,991 psychiatric inpatient admission denials for 692 consumers
- CON Commission actions:
 - In December 2016, CON approved the following specialty psychiatric beds:
 - 110 Adult for persons with Intellectual/Developmental Disabilities (I/DD)
 - 20 Child/Adolescent for persons with I/DD
 - 110 Geriatric for persons with serious mental illness (SMI) or I/DD
 - 110 Adult Medical for persons with SMI or I/DD
 - 20 Child/Adolescent Medical for persons with SMI or I/DD
- Statewide rollout of denial data collection to commence in April of 2017



Acute Inpatient Hospital Access Initiatives (cont.)

Establishment of an additional unit (8th unit) at the Center for Forensic Psychiatry

- Opened on January 5, 2017 and all 34 new beds are already filled

State Inpatient Facility Condition Analysis

- Hawthorn
- Caro



Other Notable 2017 Initiatives

Section 298 Initiative of PA 268 of 2016

- Workgroup focus on integration and care coordination
- Interim Report to the Legislature submitted in January 2017 containing 70 policy recommendations:
http://www.michigan.gov/documents/mdhhs/Interim_Report_of_the_298_Facilitation_Workgroup_-_Final_Version_548435_7.pdf
- Final Report to the Legislature due March 2017 will include financial models and benchmarks

Veteran and Military Members Strategic Plan

Fetal Alcohol Spectrum Disorders (FASD) Initiative Proposals

- Provide training and support on the evidence-based practice of Parent Child Interaction Therapy (PCIT) provided by Central Michigan University
- Provide Dubovksy training through MACMHB for substance use issues

Home and Community Based Services Transition Plan and Compliance

Pathway to Integration Section 1115 Waiver when approved by CMS (submitted in June 2016)

Whole Health and Wellness Focus

- Integrated Care learning communities
- Shared financial incentives and metrics between physical health care (Medicaid Health Plans) and Specialty Services and Supports (Prepaid Inpatient Health Plans)



Governor Snyder's FY18 Recommendation



Budget Recommendation **(in millions)**

	Gross	GF/GP
Behavioral Health Administration, Projects and Services	\$3,087.9	\$1,016.9
State Psychiatric Hospitals and Centers	\$304.7	\$226.4
Total	\$3,392.6	\$1,243.3



MDHHS FY18 Investments

Direct Care Wage Increase

- Increase direct care wages by \$.50/hour for persons served in the Community Mental Health system
- The direct support workforce plays a critical role in securing a “great quality of life, safety, and independence” called for by the Michigan Mental Health and Wellness Commission
- \$45.0 M Gross and \$14.2 M GF/GP

State Hospitals and Centers

- Hire 72 additional staff members at the State Psychiatric Hospitals to increase the health and safety of patients and staff
 - \$7.2 M Gross and \$4.9 M GF/GP for hospital staffing
- Caro Center Replacement
 - Construct a new 200-bed replacement facility for the Caro Center
 - \$115.0 M Gross included in Capital Outlay Budget for Caro Center



Five-Year History of Major Line-Item Appropriations: State Hospitals *(in millions)*

Appropriation	FY 2014 Expenditures	FY 2015 Expenditures	FY 2016 Expenditures	FY 2017 Enacted	FY 2018 Executive Recommendation
Center For Forensic Psychiatry	\$70.7	\$72.7	\$71.5	\$81.7	\$82.8
Walter P. Reuther Psychiatric Hospital	\$47.4	\$49.1	\$50.2	\$56.9	\$59.6
Hawthorn Center	\$25.7	\$23.4	\$24.0	\$29.1	\$31.8
Caro Regional Mental Health Center	\$45.9	\$48.0	\$47.3	\$57.3	\$59.2
Kalamazoo Psychiatric Hospital	\$60.0	\$59.3	\$59.4	\$65.7	\$68.1



**Five-Year History of Major Line-Item Appropriations: Medicaid-Funded Services
(in millions)**

Appropriation	FY 2014 Expenditures	FY 2015 Expenditures	FY 2016 Expenditures	FY 2017 Enacted	FY 2018 Executive Recommendation
Medicaid Mental Health Services	\$2,189.1	\$2,311.3	\$2,388.9	\$2,337.0	\$2,336.0
Medicaid Substance Use Disorder Services	\$43.9	\$47.3	\$53.2	\$53.4	\$50.4
Healthy Michigan Plan – Behavioral Health	\$132.7	\$292.9	\$222.6	\$247.8	\$268.2
Autism Services	\$8.8	\$40.1	\$70.0	\$61.2	\$105.1



MDHHS Contact Info and Useful Links

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